

**Superior Court of California
County of Ventura
Family Court Services**

PO BOX 6489
800 SOUTH VICTORIA AVENUE
ROOM 307
VENTURA CA 93009

(805) 662-6694
FAX (805) 654-2240

RELEASE OF SCHOOL INFORMATION

I _____, guardian of _____
Guardian's Name Child's Name
grant permission for _____ to release information about the
health _____
Name of School Official or School
and well-being of the child under guardianship to the Ventura County Superior Court.

Date Guardian's Signature

Guardian's Printed Name

THE SECTION BELOW WILL BE COMPLETED BY THE SCHOOL REPRESENTATIVE

SCHOOL INFORMATION

Case No.: _____

Child's name and age Guardian's name

Address City State Zip

Name of School: _____

Address of School: _____ Phone _____

Student's grade level: _____ Grade Point Average: _____

Name of Teacher/Counselor: _____

How would you describe the student's attendance record? _____

Describe the student's areas of strength and weakness: _____

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment? _____

Does the student have any special needs? (Please describe) _____

If yes, what has the school done to address these needs? _____

Does the student have any special problems? _____

Is the student receiving additional academic or counseling support? Please describe: _____

Does the student appear properly attired and groomed for school? _____

Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the social/academic needs of the child(ren)? _____

What further follow up would you recommend? _____

Name of person filling out form: _____

Title of person filling out form: _____

Signature of person filling out form: _____

Date of signature: _____

Please enclose a photocopy of the most recent grades and immunization record